



MISSOURI DEPARTMENT OF REVENUE
CERTIFICATION OF RENT PAID FOR 2001

2001
FORM
MO-CRP

- Read instructions.
- Print or type.

1. SOCIAL SECURITY NUMBER		SPOUSE'S SOCIAL SECURITY NUMBER		ARE YOU RELATED TO YOUR LANDLORD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN.		
2. NAME		ADDRESS OF RENTAL UNIT (DO NOT LIST P.O. BOX)		3. LANDLORD'S NAME, SOCIAL SECURITY NO.		
CITY, STATE, AND ZIP CODE		ADDRESS, CITY, STATE, AND ZIP CODE				
4. HOW MANY PEOPLE, OTHER THAN YOU AND YOUR SPOUSE (IF APPLICABLE), RESIDE AT THIS ADDRESS AND ARE AGE 18 OR OLDER? (SEE 8F BELOW.)		5. LANDLORD'S PHONE NUMBER				
6. RENTAL PERIOD DURING YEAR	FROM: MONTH	DAY	YEAR	TO: MONTH	DAY	
			2001		2001	
7. Enter your gross rent paid. Attach copies of your rent receipt(s) or copies of cancelled checks (front and back) for rent paid.					7	00
8. Check the appropriate box and enter the corresponding percentage on Line 8. <input type="checkbox"/> A. APARTMENT, HOUSE, MOBILE HOME, MOBILE HOME LOT, OR DUPLEX — 100% <input type="checkbox"/> B. BOARDING HOME / RESIDENTIAL CARE — 50% <input type="checkbox"/> C. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% <input type="checkbox"/> D. HOTEL If meals are included, enter — 50% ; Otherwise, enter — 100% <input type="checkbox"/> E. LOW INCOME HOUSING — 100% (Rent cannot exceed 30% of total household income.) <input type="checkbox"/> F. SHARED RESIDENCE — If you shared your residence with relatives and/or friends (other than your spouse or children under 18), enter the appropriate percentage of your home you occupied.					8	%
9. Net rent paid. Multiply Line 7 by the percentage on Line 8. ENTER HERE AND IN THE BOX ON FORM MO-PTS, LINE 12 OR FORM MO-PTC, LINE 10.					9	00

MO 860-1089 (11-2001)



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